

PART B - FEE(S) TRANSMITTAL

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46917 7590 11/16/2009
KONRAD RAYNES & VICTOR, LLP.
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BEVERLY HILLS, CA 90212

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David W. Victor (Depositor's name)

/David W. Victor / (Signature)

02-16-10 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------------|---------------------|------------------|
| 09/712,584 | 11/14/2000 | Daniel Arturo Delfin Farias | SI0919990173 | 9711 |

TITLE OF INVENTION: REPLENISHMENT MANAGEMENT SYSTEM AND METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$0 | \$0 | \$1510 | 02/16/2010 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| ADE, OGER GARCIA | 3687 | 705-028000 |

| | |
|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |
| <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

International Business Machines Corporation

Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
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| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
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Authorized Signature /David W. Victor/ Date 2/16/2010

Typed or printed name David W. Victor Registration No. 39,867

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